

# Request for Project Pre-Certification

District: \_\_\_\_\_ Contract ID: \_\_\_\_\_ Date: \_\_\_\_\_

Fed/State Project Number: \_\_\_\_\_ | \_\_\_\_\_

List All Line Items and Note those Items Requested for Pre-Certification

Corrections Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Corrections Contact Email: \_\_\_\_\_

Pre-Certification Excel File has been created and attached

Sampling Checklist Included

Project Inspector (Typed): \_\_\_\_\_

District Materials Supervisor (Typed): \_\_\_\_\_

District Materials Supervisor (Sign): \_\_\_\_\_

Notes:

Submit Form

Clear Form

**You must use Adobe Acrobat/Bluebeam etc., not the web browser. This form mails to: DOHMCSnTPreCert@wv.gov**